

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020136

1. Entity Name

NATIONAL INSTITUTE FOR RESEARCH, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90005 043 ***150.00

Principal Place of Business

Mailing Address

3556 N OCEAN BLVD
SUITE 221
FT LAUDERDALE FL 33308
US

3556 N OCEAN BLVD
SUITE 221
FORT LAUDERDALE FL 33308-6752
US

2. Principal Place of Business

4280 Galt Ocean Dr.

3. Mailing Address

4280 Galt Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10 A

10 A

City & State

Fl. Lauderdale Fl.

City & State

Fl. Lauderdale Fl

Zip

33308

Country

US

Zip

33308

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEDLIN, JOSEPH
3556 N OCEAN BLVD
SUITE 221
FT. LAUDERDALE FL 33308

Name

Nedlin, Joseph

Street Address (P.O. Box Number is Not Acceptable)

4280 Galt Ocean Dr. Apt 10 A.

City

Fl. Lauderdale

FL

Zip Code

33308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NEDLIN, MARNY
STREET ADDRESS 4280 GALT OCEAN DR. STE. 10A
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME NEDLIN, JOSEPH
STREET ADDRESS 4280 GALT OCEAN DR. STE 10A
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME NEDLIN, RICHARD P
STREET ADDRESS 4280 GALT OCEAN DR. STE. 10A
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-22-00

Date

Daytime Phone #

CR2E034 (9/99)